

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | M.T.     |        | 09/14/01 |
| O.I.P.E. CLASSIFIER       |          | 48     | 9/24/01  |
| FORMALITY REVIEW          | TW       | 1061   | 10/12/01 |
| RESPONSE FORMALITY REVIEW | CK       | 1109   | 3-07-02  |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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10/21/01  
7201  
207-3  
619